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STATE OF IOWA DEPARTMENT OF

Health <sup>AND</sup> Human

SERVICES

# Incident Reporting Process Collaborative Training

March 8, 2023

Updated 7/12/23

# Introductions:

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# Objectives

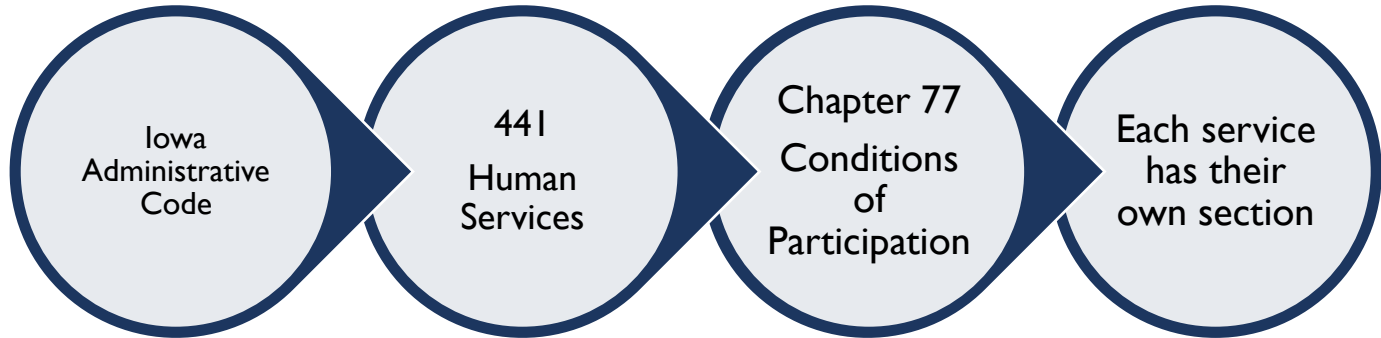
- Review Iowa Administrative Code (IAC) requirements for incident reporting
- Define the difference between a major and minor incident
- Identify updates to the reporting process for fee for service (FFS) members
- Review example cases to understand reporting categories
- Gain knowledge regarding incident report troubleshooting and resources for each reporting entity

# Rules and Regulations

Rule References: Iowa Administrative Code and Informational Letters

# Iowa Administrative Code: Chapter 77

<https://www.legis.iowa.gov/law/administrativeRules/agencies>



- Habilitation Services- 77.25 (3)
- Health & Disability (HD) Waiver- 77.30 (18)
- Elderly Waiver- 77.33 (22)
- AIDS/HIV Waiver- 77.34 (14)
- Intellectual Disability (ID) Waiver- 77.37 (8)
- Brain Injury (BI) Waiver- 77.39 (6)
- Physical Disability Waiver- 77.41 (12)
- Children's Mental Health (CMH) Waiver- 77.46 (1)d

# TIPS from the FAQ

## QUESTION:

**What provider types must report incidents according to these IAC references?**

**ANSWER:** As a condition of participation in the medical assistance program:

- HCBS waiver service providers and
- Habilitation Providers

Must comply with the requirements of Iowa Code sections 232.69 and 235B.3 regarding the reporting of abuse and with the incident reporting requirements in IAC 441-77.

**EXCEPTION:** The conditions in this requirement do not apply to

- providers of goods and services purchased under the consumer choices option,
- providers of home and vehicle modification,
- environmental modifications and adaptive devices,
- specialized medical equipment,
- home-delivered meals,
- personal emergency response,
- assistive devices,
- chore service, or
- transportation.

# Iowa Administrative Code

## Definitions

- Defines major and minor incidents for HCBS waiver and Habilitation Services

## Reporting

- Identifies reporting requirements for major incidents

## Timelines

# Informational Letter

Informational letters can be issued to clarify rules/regulations

## ■ INFORMATIONAL LETTER NO. 2128-MC-FFS

- Issued April 16, 2020
- An incident report is required for any HCBS waiver or Habilitation member regardless if direct services were being provided at the time of the incident
- Major incident “means an occurrence involving a member enrolled in HCBS waiver or Habilitation services”

## ■ INFORMATIONAL LETTER NO. 2191-MC-FFS

- Issued clarification on December 1, 2020
- HCBS waiver service providers, case managers, targeted case managers, and IHH care coordinators are required to submit an incident report when a major incident has been witnessed or discovered.
- If you are not certain a major incident has been reported, ensure the report is submitted either through communication with the service provider/case manager or by personally submitting the report.



# Frequently Asked Questions (FAQ)

The website for [Competency-Based Training and Technical Assistance for Long-Term Services and Supports](#) has published FAQs related to LTSS services.

Included on the site:

- [Incident Reporting FAQ](#)
  - [Incident Reporting Webpage](#)

# Reporting Examples

## Major Incident Report

- Medication error resulting in physician's treatment
- Abuse (including when reported to DHS Abuse Hotline)
- Death
- Hospitalization/ER visit due to injury/mental health treatment
- Law enforcement intervention
- Location Unknown- lack of supervision

## Minor Incident Report

- Medication error- no reaction or no treatment needed
- Seizures with no physical injury
- Injury resulting in basic first-aid, bruising
- Injury to others resulting in basic first-aid, bruising
- Destruction of property

# MAJOR INCIDENT

# Definition: MAJOR INCIDENT

An occurrence involving a member enrolled in waiver or Habilitation services (7 instances listed):

1. Results in a physical injury to or by the consumer that requires a physician's treatment or admission to a hospital;
2. Results in the death of the member;
3. Requires emergency mental health treatment for the member;
4. Requires the intervention of law enforcement;

## Definition: MAJOR INCIDENT (continued)

5. Results in a report of child abuse pursuant to Iowa Code section 232.69 or a report of dependent adult abuse pursuant to Iowa Code section 235B.3;

- Report suspected dependent adult/child abuse
- Complete a major incident report
- DHS abuse hotline and Iowa Medicaid are not the same
- Regardless of DHS decision to accept or reject intake a major incident report is still required

## Definition: MAJOR INCIDENT (continued)

6. Constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in paragraph “1,” “2,” “3”; or “5”

- Update to Chapter 90 last year did not include prescription errors in the definition of major incident
- The error will be corrected
- All Providers, including case managers are expected to follow the most restrictive guidelines regardless of which chapter or code is being referenced

## Definition: MAJOR INCIDENT (continued)

7. Involves a member's location being unknown by provider staff who are assigned protective oversight.

This is when services or supervision by staff is to be provided or is scheduled.

# Storing a MAJOR Incident Report

- Major incident is reported through IMPA/MCO portal
- Make notation that incident report was completed in member's file
- Actual print out of incident report is not necessary
- Follow agency's policy and procedures regarding storage of incident reports
- Questions, contact your HCBS Specialist



# MINOR INCIDENT

# Definition: MINOR INCIDENT

An occurrence involving a member that is not a major incident which:

1. Results in the application of basic first aid
2. Results in bruising
3. Results in seizure activity
4. Results in injury to self, to others, or to property  
**(No physician or hospital treatment needed)**
5. Constitutes a prescription medication error  
**(No physician or hospital treatment needed)**

# Storage of a MINOR Incident Report

- Policy and procedure is required. Be sure you are following the agency's policy and procedures for storing minor incidents.
- When a minor incident occurs or a staff member becomes aware of a minor incident, the staff member involved shall submit the completed incident report to the staff member's supervisor within 72 hours of the incident.
- The completed report shall be maintained in a centralized file with a notation in the consumer's file.
- Minor incidents can be stored in any format determined by the agency.

# Reporting Incidents

Major and Minor

# Reporting a MINOR Incident

- Minor incident reports do not need to be reported in IMPA.
- Minor incidents can be reported in any format determined by the agency and needs to be maintained in a centralized location.
- Designated staff will document the incident according to agency policy and procedures for reporting minor incidents.

# Reporting a MAJOR Incident

## Who reports

- First to know of incident
- Service providers
- Service workers
- Case managers, Targeted Case managers, Community Based Case Managers, Integrated Health Home Care Coordinators

## Who does not report

- Consumer Choice Options (CCO), Home and Vehicle Modification, and transportation providers, home delivered meal providers, or personal emergency response providers

# Reporting a MAJOR Incident (cont.)

## **When to report**

- By the end of the next calendar day from the date the incident occurred or was discovered

## **What to report**

- Name of member
- Date and time occurred and/or discovered
- Description of incident
- The names of all provider staff and others who were present at the time of the incident or who responded after becoming aware
- Action agency took to manage incident
- Immediate Resolution/Follow-Up
- Root Cause

# Reporting a Major Incident

**Why is it necessary to report?**





# Major Incident Reporting Examples

- **Medication error** resulting in physician's treatment
  - Miss oral or topical causes reaction/side effect and treatment by physician
- **Alleged abuse** (including when reported to DHS Abuse hotline)
  - Any allegation of abuse requires incident report
  - Abuse reported to DHS requires incident report
  - Box on incident report to note that DHS was notified of the abuse
- **Death**
- **Law Enforcement Intervention**
  - Directly affects the member other than illness or injury
  - Required Incident Report:
    - Assist or intervene with mental health crisis
    - Assist or intervene with elopement
    - Assault
    - Theft
    - Weapons
- **Location Unknown**
  - Member does not have alone time in plan and whereabouts are unknown any length of time
  - Left unattended by assigned staff member - This will also be reported as abuse for denial of critical of care to the DHS Hotline

# Major Incident Reporting Examples (cont.)

Emergency Room examples to consider...

## Examples that **REQUIRE** Incident Report (not all inclusive)

- Fracture or seen and no fracture
- Stitches/staples or just a band-aid
- Fall and have simple bump or requires treatment
- Potential concussion or seen and no concussion
- Swallowed coin and needs removed

## Examples that do **NOT** require an Incident Report (not all inclusive)

- Seizure requires emergent care but no physical injury
- Any type of medical illness
- Bowel obstruction, respiratory infection, UTI, catheter issues, follow-up from a surgery, flu-like symptoms, being admitted for a scheduled procedure, etc.

# Major Incident Reporting Examples (cont.)

- Hospitalization/ER visit due to injury/mental health treatment is a major incident
- Transported to ER for physical injury by car, ambulance, agency, parents, self, etc. it is still a major incident
- Mental Health Treatment
  - ✓ Suicidal Ideation is included in mental health treatment
  - ✓ Incident Report is required regardless if member is “admitted” or not

# Minor Incident Reporting Examples (cont.)

- Medication error- no reaction or no treatment needed
  - Agency track and trend occurrences
  - Too many missed medications will likely result in having side effects/reactions requiring physician treatment
- Seizures with no physical injury
- Injury resulting in basic first-aid, bruising
- Injury to others resulting in basic first-aid, bruising
- Destruction of property

# Common Reporting Errors

To help providers navigate their next steps.

# Common Reporting Errors

## Choosing the Incident Type

### Physical Injury

- Seen for actual physical injury and not medical illness or other issue
- If member was not seen for a physical injury and no other incident types on incident form match or makes sense, then re-evaluate if form **needs** to be completed
- Check Iowa Administrative Code, this presentation, email the HCBS IR mailbox

# Common Reporting Errors

## Choosing the Incident Type

### **Law Enforcement**

- Law enforcement was not directly related to a member issue then an incident report is not required
  - Examples of when an incident report is not required when law enforcement is called
    - Potential Intruder to the family home
    - Involved in a motor vehicle accident and police were on scene
    - Member requires transport to the hospital via ambulance, not related to a physical injury

### **Medication Error**

- Incident type on form specific to medication errors
- Do NOT mark physical injury

# TIPS from the FAQ

## **QUESTION:**

If a member went to urgent care because they had bruising and the staff is unaware of the origin of the bruising, would that be a major incident?

**ANSWER:** A major incident report is required because the occurrence described resulted in a physical injury to or by the member that required treatment or admission to a hospital. If the member goes to urgent care as a result of bruising, then the member is receiving treatment for an injury and this should be reported as a major incident. Otherwise, a minor incident report is required if an occurrence was not a major incident but resulted in the application of basic first aid or results in bruising.



# Common Reporting Errors (cont'd)

## **Root Cause is missing or not complete**

- Required and tracked by CMS
- Every incident report submitted is reviewed for content and root cause
- Root cause is missing, form will be returned to be corrected

# TIPS from the FAQ

## QUESTION:

What is “root cause?”  
Are there specific root causes that should be entered? Is there a list of root causes provided by the state?

**ANSWER:** The root cause is the core issue. The root cause of the incident can be an antecedent that resulted in the occurrence. However the agency defines it, it is the highest-level cause that sets in motion the chain of cause-and-effect actions/behaviors/events that ultimately leads to the incident.

There is no set of root cause answers. The person completing the form would need to evaluate the root cause

Example: Mary was admitted to the hospital for multiple compound fractures resulting from falling down the stairs in front of her home.

Root Cause: Exterior housing damage. The front stoop has collapsed causing an uneven surface on the stairs and walkway.

Remediation: The IDT will work to identify means of repairing the front stoop and walkway. To avoid future incidents, Mary will use the side entry to the home until the stoop and walkway are repaired.

# Common Reporting Errors (cont'd)

Incident Reports are for the **member**

- Completed for an incident that occurred directly to the member named on the form
- Clarify definition of major incident
  - To or **by** the consumer that requires a physician's treatment or admission to the hospital. "By the consumer" is if the member has hurt themselves or is being self-injurious
  - Do not send reports if member has hurt staff, another member, family, etc. that required physician care

# Emergency Room Claims

# Emergency Room (ER) Claim Review

- ER Claims are pulled on a monthly basis
- Diagnosis codes are filtered to identify those meeting the definition of a major critical incident
- Critical Incident reports are matched to the ER claims
- Case Managers are contacted regarding ER claims without an incident report
- Case Managers responsibility to obtain the information, complete the incident report, and load it into IMPA

# Ensuring all incidents are reported

- Case Managers should ask members about ER visits each time they talk/meet
- Providers should ask members when they see them if they have been in the ER since the last time services were provided

# Major Incident Report Form

Submission Instructions for Direct Entry



# Accessing the Incident Report

Welcome to the Iowa Medicaid Portal Application!

- Access the User Guide for the following tutorial on the Direct Entry Form



[Click here for the User Registration Guide](#)

User Name:

Password:

Login

[Forgot Password?](#)

[Forgot User Name?](#)

## Featured Functionality

- **EFFECTIVE 7/1/2023 IMPORTANT INFORMATION REGARDING NEW CRITICAL INCIDENT APPLICATION**

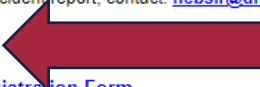
For issues related to IMPA access or access to the new Critical Incident Report application, contact: [IMPA\\_Support@dhs.state.ia.us](mailto:IMPA_Support@dhs.state.ia.us).

To report or troubleshoot issues related to the functionality of the new Critical Incident Report application, contact: [IMPA\\_Helpdesk@dhs.state.ia.us](mailto:IMPA_Helpdesk@dhs.state.ia.us).

For general questions about incident reporting requirements, contact your HCBS Specialist: <https://hhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts> or the general mailbox: [HCBSwaivers@dhs.state.ia.us](mailto:HCBSwaivers@dhs.state.ia.us).

To delete a duplicate or incorrect critical incident report, contact: [hcbsir@dhs.state.ia.us](mailto:hcbsir@dhs.state.ia.us).

- [Critical Incident Report User Guide](#)
- [Critical Incident Report Access Registration Form](#)
- [Nursing Facility Medically Exempt Access User Guide](#)
- [Nursing Facility Medically Exempt Access Registration Form](#)
- [Member Waiver Eligibility User Manual](#)
- [Member Waiver Eligibility Access Request Form](#)





# Accessing the Incident Report

- Follow along in the User Guide From IMPA as our incident and complaint specialist reviews the direct form instructions.

## TIPS from the FAQ

### QUESTION:

What if...  
for whatever reason...  
there are a lack of  
details for the report?

**ANSWER:** The first entity to become aware of the occurrence requiring treatment or admission to the hospital must complete an incident report **with as much information as possible**. Use the free text sections to explain the circumstances and complete what you can. Indicate additional details in the open-ended questions.

# Reporting Process (cont.)

## IoWANS Workflow

- Case Managers answer milestones in IoWANS

## IMPA

- Disable users when employment ends

# Member Eligibility Determination

Call the Eligibility and Verification System (ELVS)

- 515-323-9639 (locally in Des Moines)
- 1-800-338-7752 (toll free)
- Available 24 hours a day, seven days a week

# Summary

- Iowa Administrative Code (IAC) requirements for incident reporting were reviewed.
- The difference between a major and minor incident was outlined and reviewed.
- Common errors identified.
- Locating, completing, and submitting a direct entry incident report on IMPA (updated July 2023).
- Common reporting errors were identified.
- The ER Claims review process was outlined.
- Resource Information was shared.

# Questions

# Questions

## **HCBS QIO Incident Reporting Mailbox**

[hcbsir@dhs.state.ia.us](mailto:hcbsir@dhs.state.ia.us)

### **Amerigroup**

[iaincidents@Amerigroup.com](mailto:iaincidents@Amerigroup.com)

<https://providers.amerigroup.com>

515-327-7012, ext. 106-103-5185

Provider Services 800-454-3730

### **Iowa Total Care**

Fax 1-833-205-1251

[QOCCIR@IowaTotalCare.com](mailto:QOCCIR@IowaTotalCare.com)

# FFS Resources

- Administrative Code and Rules

<http://dhs.iowa.gov/administrative-rules>

- Critical Incident Reporting Location, Guides and Forms

<http://dhs.iowa.gov/ime/providers/rights-and-responsibilities/critical-incident-responding>

- Incident Reporting Questions

[hcbsir@dhs.state.ia.us](mailto:hcbsir@dhs.state.ia.us)

- Iowa Medicaid Portal Access (IMPA) Website

<https://secureapp.dhs.state.ia.us/imp/>

- HCBS Specialists Contacts

<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts>



## FFS Resources cont.

- Iowa Department of Human Services forms  
<https://dhs.iowa.gov/ime/providers/forms>
- Critical Incident Reporting Access Request Form
  - Need option “Critical Incident Report” in IMPA<https://www.tfaforms.com/243237>
- Training and technical assistance website with schedule of upcoming trainings  
<https://dhs.iowa.gov/dhs.iowa.gov/ime/Providers/tools-trainings-and-services/CBT-for-LTSS>